Korea's Economic Vulnerability Group Analysis of Mental Health Differences According to Health Behavior

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Abstract: In this study, The 2016 Korea National Health and Nutrition Survey was used to determine if there was a difference in mental health according to the group's (Korea's Economic Vulnerability Group and Normal Groups) health behaviors. The subjects of the study were 367 economic vulnerability group and 708 normal groups, and data analysis was performed by two-way ANOVA. The results of the study are as follows. The results showed that there was statistically significant difference in the subjective health form (F = 6.181, P <.01), and no significant difference was found in the drinking, smoking, leisure physical activity and work physical activity. These results indicate that the mental health of the economic vulnerability group and the normal groups differ depending on the type of health that individuals think. This suggests that health care campaigns or programs that individuals perceive should be different for the economic vulnerability group.

Keywords*: Mental health, Leisure, Vulnerability, Physical activity

Introduction

Everyone has the right to enjoy the same, but not everyone enjoys the same rights (Universal Declaration of Human Rights, 2019). Korea has achieved short-term economic development that has not occurred in the world among the war-torn countries, but the economically disadvantaged population is estimated to be 8% of the total population(Seo, 2018). Although the government supports various policies for the life of economically disadvantaged people, the benefits are lacking in terms of physical activities and health behavior that prevent disease. The purpose of this study is to analyze the difference of mental health according to the health behaviors of the economic vulnerability group and normal groups.

Method

Sample

This study used primeval data of the 7th 2016 National Health and Nutrition Survey conducted at the Disease Headquarters. The subjects of the study were selected from those who participated in the physical activity survey of the National Health and Nutrition Survey of 2016, and then excluded subjects who did not respond to the mental health scale or not. Finally, 368 basic economic vulnerability group recipients were selected as research samples and 708 random samples were selected for the control group (see Table 1 and 2).

Table 1. Participant Characteristics

Variables		Economic Vulnerability Group		Normal Groups		Total	
		N	%	N	%	N	%
Total		368	34.2	708	65.8	1076	100
Gender	Male	140	38.0	315	44.5	455	42.3
	Female	228	62.0	393	55.5	621	57.7

Table 2. Participant Responses

Variables		Economic Vulnerability Group		Normal Groups		Total	
		N	%	N	%	N	%
Subjective Health	Good	135	36.7	141	19.9	276	25.7
	Normal	159	43.2	368	52.0	527	49.0
	Bad	74	20.1	199	28.1	273	25.3
Drinking	Yes	143	13.4	393	36.5	536	49.9
	No	225	20.8	315	29.3	539	50.1
Smoking	Yes	90	8.2	127	11.8	217	20.0
	No	282	26.0	577	54.0	859	80.0
Leisure Physical Activity	Yes	269	73.1	591	83.5	860	79.9
	No	99	26.9	117	16.5	216	20.1
Work Physical Activity	Yes	207	56.3	420	59.3	627	58.3
	No	161	43.8	288	40.7	449	41.7

Results

In order to achieve the goal of this study, we analyzed the difference of mental health according to the health related behaviors of the economic vulnerability group and the normal group. In the subjective health form (F = 6.181, P <.01), there were differences according to the economically disadvantaged and general class. After Scheffe 's post - hoc to verify group differences, mental health was the highest in the group considered healthy, followed by mental health in the normal group. In addition, there were no differences in mental health between the economic vulnerability group and normal group of drinking, smoking, leisure physical activity, or work physical activity. In addition, there were no differences in mental health between the economic vulnerability group and normal group on drinking, smoking, leisure physical activity, or work physical activity (see Table 3).

Table 3. Analysis of Differences

	M^2	F	p-value	Eta^2	Power	post-hoc
Drinking	4.572	.240	.624	.000	.078	
Smoking	54.881	2.575	.089	.003	.399	
Subjective Health	95.874	6.181	.002	.011	.892	A<B<C
Leisure Physical Activity	.297	.016	.900	.000	.052	
Work Physical Activity	46.779	2.471	.116	.002	.349	

Subjective Health: A=Good, B=Normal, C=Bad

Discussion

The purpose of this study is to analyze the difference of mental health according to the health related behaviors of the economic vulnerability group and normal group. As a result, there was a difference in subjective health and no difference in other activities. These results are in part due to the results of a comparison between the depression, fatigue, and sensory improvement effects of the regular exercise group and the non-exercise group

studied by Sadeghi Bahmani, Kesselring, Papadimitriou, Bansi, Puhse, Shaygannejad and Brand (2019). In other words, mental health due to drinking, smoking, leisure physical activity, and physical activity did not differ between the two groups, but it means that there is a difference in subjective health. This suggests that health care campaigns or programs that individuals perceive should be different for the economic vulnerability group.

Recommendations

The following recommended for further study. Do not limit the dependent variable to mental health, but you need to do it expand. In addition, regression analysis of the difference in mental health according to the level of health behavior is necessary.

References

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